

<i>SERFF Tracking Number:</i>	<i>AGNN-126324872</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44119</i>
<i>Company Tracking Number:</i>	<i>108-4X</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>DEFERRED ANNUITY APPLICATION</i>		
<i>Project Name/Number:</i>	<i>108-4X/108-4X</i>		

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: DEFERRED ANNUITY APPLICATION SERFF Tr Num: AGNN-126324872 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 44119

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: 108-4X State Status: Approved-Closed

Filing Type: Form Author: Nancy R Smith Reviewer(s): Linda Bird
 Date Submitted: 11/17/2009 Disposition Date: 11/19/2009
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: 108-4X	Status of Filing in Domicile: Pending
Project Number: 108-4X	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/19/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/19/2009
Deemer Date:	Created By: Nancy R Smith
Submitted By: Nancy R Smith	Corresponding Filing Tracking Number:
Filing Description:	

The form included in this SERFF filing is being submitted for your review and approval. This form is new and does not replace any forms previously approved by your Department. This filing does not contain any unusual or controversial items. The forms will be marketed to individuals through financial institutions and home office issued.

Form 108-4X is the annuity application that is intended for use with our fixed annuity products as they are approved by your Department. The form will currently be issued with form A161-02, a flexible premium deferred annuity policy, previously approved by your Department on 8/24/02.

SERFF Tracking Number: AGNN-126324872 State: Arkansas
 Filing Company: Western National Life Insurance Company State Tracking Number: 44119
 Company Tracking Number: 108-4X
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: DEFERRED ANNUITY APPLICATION
 Project Name/Number: 108-4X/108-4X

Please contact me at 1.800.262.4764 x6070 or via e-mail at Nancy.R.Smith@WNL.com if I can assist with your review.
 I look forward to your formal notification of approval.

Sincerely,
 Nancy R Smith – Compliance Analyst Sr

Company and Contact

Filing Contact Information

Nancy R. Smith, Compliance Analyst Sr Nancy.R.Smith@valic.com
 2929 Allen Parkway, L10-30 800-262-4764 [Phone] 6070 [Ext]
 Houston, TX 77019-2155 713-831-6932 [FAX]

Filing Company Information

Western National Life Insurance Company CoCode: 70432 State of Domicile: Texas
 2929 Allen Parkway, L10-30 Group Code: 12 Company Type:
 Houston, TX 77019 Group Name: State ID Number:
 (713) 831-6006 ext. [Phone] FEIN Number: 75-0770838

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: TEXAS CHARGES \$100 FOR FILING THIS FORM.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	11/17/2009	32114722

SERFF Tracking Number:	AGNN-126324872	State:	Arkansas
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TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	DEFERRED ANNUITY APPLICATION		
Project Name/Number:	108-4X/108-4X		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/19/2009	11/19/2009

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Disposition

Disposition Date: 11/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	STATEMENT OF VARIABILITY		Yes
Form	DEFERRED ANNUITY APPLICATION		Yes

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Form Schedule

Lead Form Number: 108-4X

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	108-4X	Application/DEFERRED Enrollment ANNUITY Form APPLICATION	Initial		50.000	108-4X_JDoe.pdf

205 East 10th Avenue
Amarillo, Texas 791001
Telephone: 800.424.4990

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 07/25/1974
Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Phone: _____ SSN: _____
Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

☐ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____
Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The minimum guaranteed interest rate for the life of your policy is [2.00]%.

[1] Yr The Interest Rate on the Initial Premium is [2.75]% for [1] year(s). In addition, an enhancement equal to [2.00]% of the Initial Premium will be credited to your annuity value on the Policy Date.

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 10/1/2009
Initial Premium Payment: \$ 10,000 Annuity Income Date: 10/1/2039
PLAN TYPE (required): ☒ Non-Qualified ☐ Qualified
Tax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 Corporate Plan ☐ 403(b) TSA ☐ Other: _____]
Check one: ☐ Initial Contribution for Tax Year _____ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company**.

[Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☒ No
(If yes, complete the following.) Company: _____ Policy No.: _____
Are you an active duty service member of the United States Armed Forces? ☐ Yes ☒ No]

I understand this annuity is not federally insured. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy.

X John Doe X _____
Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 10/1/2009

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☒ No
Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☒ No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? ☒ Yes ☐ No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent ABC Insurance Agency #12345
Licensed Agent's Signature Agency Name and Number
Bill Agent State Lic.#: 45678 Agent#: 24-7
Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

District of Columbia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR-FLESCH.pdf		
Satisfied - Item: Application Comments: form attached under Form Schedule tab		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: n/a app only filing Comments:		
Satisfied - Item: STATEMENT OF VARIABILITY Comments: Attachment: SOV_108-4X.pdf		

CERTIFICATION

WESTERN NATIONAL LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with Rule & Regulation 19 and 49, and the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
108-4X	Deferred Annuity Application	50



Tracey Harris
Vice President

11.17.2009
Date

Statement of Variability for Form:

108-4X

- Contact Information: The location and telephone number are bracketed for administrative purposes. Any changes will be for future use only, and on a non-discriminatory basis.
- Minimum Guaranteed Interest Rate: The current guaranteed minimum interest rate is 2.00%. The guaranteed minimum interest rate is denoted as variable by the use of brackets []. The rate will range between 1.00% to 3.50% and is tied to the five-year Constant Maturity Treasury Rate and will vary according to economic conditions. Any change in our procedures for determining the guaranteed minimum interest rate will be filed with the Department prior to use. The rate will always be equal to or exceed the rate produced by the procedures filed with the Department. Any changes will only be applicable to new issues.
- Current GMIR: The current interest rates for the one, three and five year guarantee periods are 2.75%, 2.75 and 2.60%, respectively. The current rates will vary according to economic conditions and vary between 1.00% and 10.00%. Any changes will only be applicable to new issues.
- Qualified Information: Bracketed to allow for flexibility in the information collected, Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
- Replacement Information: Bracketed to allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
- Disclosures: Bracketed to allow us to modify the text to comply with changes in state law.
- Fraud Warning: The state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.